

Fill in this information to identify the case:

Debtor 1 Altheia Huggins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Mississippi
(State)

Case number 15-11839

Official Form 410S2

Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: Vanderbilt Mortgage and Finance, Inc. Court claim no. (if known): 2

Last 4 digits of any number you use to identify the debtor's account: 0 1 3 5

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☒ No

☐ Yes. Date of the last notice: ____/____/____

Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
1. Late charges	_____	(1) \$ _____
2. Non-sufficient funds (NSF) fees	_____	(2) \$ _____
3. Attorney fees	_____	(3) \$ _____
4. Filing fees and court costs	_____	(4) \$ _____
5. Bankruptcy/Proof of claim fees	_____	(5) \$ _____
6. Appraisal/Broker's price opinion fees	_____	(6) \$ _____
7. Property inspection fees	_____	(7) \$ _____
8. Tax advances (non-escrow)	_____	(8) \$ _____
9. Insurance advances (non-escrow)	<u>02/16/2018</u>	(9) \$ <u>1,521.00</u>
10. Property preservation expenses. Specify: _____	_____	(10) \$ _____
11. Other. Specify: _____	_____	(11) \$ _____
12. Other. Specify: _____	_____	(12) \$ _____
13. Other. Specify: _____	_____	(13) \$ _____
14. Other. Specify: _____	_____	(14) \$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1 Altheia Huggins Case number (if known) 15-11839
First Name Middle Name Last Name

Part 2: Sign Here


The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

x 
Signature

Date 03 / 30 / 2018

Print: Danielle Patrice Smith
First Name Middle Name Last Name

Title Bankruptcy Specialist

Company Vanderbilt Mortgage and Finance, Inc.

Address 500 Alcoa Trail
Number Street
Maryville TN 37804
City State ZIP Code

Contact phone (800) 970 - 7250

Email danielle.smith@vmf.com



CERTIFICATE OF SERVICE

March 30, 2018

I, Danielle P. Smith, of Vanderbilt Mortgage and Finance, Inc., do hereby certify that I have this date provided a copy of the foregoing Notice of Postpetition Mortgage Fees, Expenses and Charges either by electronic case filing or by United States mail postage pre-paid to the following:

Altheia Huggins
489 Little Snow Creek Rd
Holly Springs, MS 38635
Debtor

Karen B Schneller
Attorney for the Debtor
Notified by Electronic Case Filing

Locke Barkley
Chapter 13 Trustee
Notified by Electronic Case Filing

/s/ 
Danielle P. Smith



Vanderbilt Mortgage and Finance, Inc.

PO Box 9800, Maryville, TN 37802 • 500 Alcoa Trail, Maryville, TN 37804 • www.vmf.com
Phone: 865.380.3000 • Fax: 865.380.3750 • Toll Free: 800.970.7250 • Federal Tax ID#: 62-0997810



02/14/2018 17:00 Welch Insurance Agency

P.002/004



RENEWAL
AMERICAN FAMILY HOME INSURANCE COMPANY

DECLARATION PAGE

MANUFACTURED HOMEOWNER'S POLICY DECLARATIONS

POLICY NUMBER: [REDACTED]

NAMED INSURED:
ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

AGENT 039682:
TPVU I IX FTUFSOIHF OFSBMBHFODZLDD
QPICPYI: 128
BEEJTPOLUYI88112

00GF50
MAIL TO: C181 14: 793 1157175565 34 U71
ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

BROKER 00GF50:
THE HARDIN COUNTY BANK INS AGENCY I
PO BOX 1507
SAVANNAH TN 38372
PHONE: [REDACTED]

JTVSFEIQSPQFSUZ;
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

POLICY PERIOD:
FROM: FEB 27, 2018 **TO:** FEB 27, 2019
12:01 A.M. STANDARD TIME
AT INSURED PROPERTY ADDRESS

LIENHOLDER 1:
VANDERBILT MORTGAGE
P O BOX 9800
MARYVILLE TN 37802

VOL	VTF	NBLF	TFS.BMOVNCF	NFOHJ	WIDTH	ZPBS
1	RESIDENTIAL	CLAYTON/RIVERVIE	CLS106018TN	80	18	2007

THIS POLICY PROVIDES ONLY THE FOLLOWING COVERAGES FOR THIS UNIT:

SECTION	ITEM	COVERAGE	LIMIT	PREMIUM
1	DWELLING	COMPREHENSIVE-REPLACEMENT COST*	\$42,000	\$1,199.00
1	DWELLING	ADDITIONAL LIVING EXPENSE	SEE FORM	
1	SECTION 1	COMBINED SECTION 1 MOLD LIMIT	\$3,500	
1	PERS PROP	PERSONAL PROPERTY	\$21,000	\$210.00
2	PERS LIAB	PERSONAL LIABILITY - PER OCC.	\$50,000	\$35.00
2	PERS LIAB	MEDICAL PAYMENTS - PER PERSON	\$500	
2	PERS LIAB	MEDICAL PAYMENTS - PER ACCIDENT	\$25,000	
2	PERS LIAB	DAMAGE TO PROPERTY OF OTHERS	\$500	
2	PERS LIAB	ANIMAL LIABILITY	\$10,000	
2	PERS LIAB	MOLD COVERAGE \$25,000 - INCLUDED		
2	PERS LIAB	HOME DAY CARE EXCLUSION	SEE FORM	
1	DEDUCTIBLE	ALL OTHER PERILS	\$250	\$25.00
1	DWELLING	FLOOD - ALL NFIP ZONES COVERED	SEE FORM	\$25.00
1	DWELLING	EARTHQUAKE	SEE FORM	\$27.00
1	DEDUCTIBLE	EARTHQUAKE	SEE FORM	

MINIMUM WRITTEN AND/OR EARNED MAY APPLY TOTAL PREMIUM \$1,521.00

*SUBJECT TO CERTAIN LIMITATIONS AND EXCLUSIONS.
IF YOU CANCEL THIS POLICY EARLY, A MINIMUM EARNED PREMIUM OF \$50 MAY APPLY.

(CONTINUED ON REVERSE SIDE)

ENDORSEMENT FORMS APPLICABLE TO THIS POLICY

71975	10/06:	73386	01/04:	M7000	04/13:	M7300	01/04:	M7523	05/05:
M7A23	11/08:	M7DR0	08/09:	M7M23	06/08:	M7T00	05/04:	MHF00	08/08:
IN150	06/12:	IN285	08/13:	MHN34	04/04:	MHN60	04/04:	MHN97	11/13:

BILL TO LIENHOLDER
DATE PREPARED: JAN 23, 2018
FORM NO. 0110-4269 (05/82)

INSURED'S COPY

02/14/2018 17:01 Welch Insurance Agency

P.003/004

**** REMINDER NOTICE ****

Customer Care Services:

HARDIN COUNTY BANK INS AGCY INC
PO BOX 1507
SAVANNAH TN 38372



AMERICAN FAMILY HOME
INSURANCE COMPANY

Date Prepared:	02/12/2018
Policy Type:	MANUFACTURED HOME
Policy Number:	
Agent Name:	HARDIN COUNTY BANK INS AGCY INC

ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-8232

Important Policy Information

Minimum Amount Due: \$1,521.00
Includes Charges: \$0.00
Expiration Date: 02/27/2018
Pay in Full: \$1,521.00

Property Address: 489 LITTLE SNOW CREEK RD HOLLY SPRINGS, MS 38635

Important Information for ALTHEIA HUGGINS

We are sending you this notice as a reminder that your payment is due 02/27/2018. To ensure that you have continuous coverage, we must receive your payment before 02/27/2018. You may pay the minimum amount due of \$1,521.00 or the full policy amount of \$1,521.00. If payment is not received prior to 02/27/2018 12:01 A.M. Standard Time the policy will expire for nonpayment of premium.

If your payment has already been submitted, please disregard this notice. And, thank you for choosing us for your insurance needs.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

**Payments can be made by check or credit card at amig.com, by mail at the address listed on the reverse side or by calling our automated system at

Please Detach This Coupon and Return With Your Payment

Policyholder:

ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-8232

Policy Number:

Payment Due Date:	02/27/2018
Minimum Amount Due (including charges):	\$1,521.00
OR	
Pay in Full:	\$1,521.00

Please indicate any address/phone number changes below:

☐ Named Insured Mailing Address ☐ Risk Address

New Address:

City: State: Zip Code:

Home Phone: () Work Phone: ()

E-Mail:

Please make checks payable to:

AMERICAN FAMILY HOME INSURANCE COMPANY

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number:

Exp. Date (MM/YY):

Amount to be Charged: \$

Signature: